

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

HOUSING AUTHORITY OF ATKINSON COUNTY, GEORGIA

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of Atkinson County, Georgia

PHA Number: GA158

PHA Fiscal Year Beginning: (mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Ms. Theresa Lovein

Phone: 229.686.9321

TDD: 229.686.9321

Email (if available):

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2002
 [24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
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<input type="checkbox"/> Attachment <u>H</u> : Response to Resident Satisfaction Survey	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

No changes in policy. Policies are up-to-date. Goals established in the five year plan are on schedule. Efforts are being made to enhance the attractiveness and marketability of the properties and the Authority continues to strive to meet its potential as an organization.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

HUD has determined that only residents residing in a HOPE VI housing development are required to comply with the community service requirements, thus, the community service requirement does not apply to the residents of this Authority.

De-concentration of Poverty and Income Mixing is not required for Authorities with 100 or less units as stated in the Federal Register dated December 22, 2000 at 24CFR 903. Therefore, it is not required for this Authority.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 40,749

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as **Attachment B**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as **Attachment C**

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No : Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No : Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthat apply):

- ☐ Establishingaminimumhomeownerdownpaymentrequirement ofatleast3 percentandrequiringthatatleast1percentofthedownpaymentcomesfrom thefamily'sresources
- ☐ Requiringthatfinancingforpurchaseofahomeunderitssection8 homeownershipwillbeprovided,insuredorguaranteedbythestateorFederal government;complywithsecondarymortgagemarketunderwriting requirements;orcomplywithgenerallyacceptedprivatesectorunderwriting standards
- ☐ Demonstratingthatithasorwillacquireotherrelevantexperience(1 istPHA experience,oranyotherorganizationtobeinvolvedanditsexperience, below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskip tothenextcomponentPHAseligibleforPHDEPfundsmust provideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEP funds.

A. ☐ Yes **XNo:** IsthePHAeligibletoparticipateinthePHDEPinthefiscalyear coveredbythisPHAPlan?

B.WhatistheamountofthePHA'sestimated oractual(ifknown)PHDEPgrantforthe upcomingyear? \$_____

C. ☐ Yes **XNo** DoesthePHAplantoparticipateinthePHDEPintheupcoming year?Ifyes,answerquestionD.Ifno,skiptonextcomponent.

D. ☐ Yes **XNo:** ThePHDEPPlanisattachedatAttachment_____

6.OtherInformation

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. ☐ Yes **No:** DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2.Ifyes,thecommentsareAttachedatAttachment(Filename)

3.InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

- ☐ ThePHAchangedportionsofthePHAPlaninresponsetocomments
Alistofthesechangesisincluded
☐ Yes ☐ No:belowor
☐ Yes ☐ No:attheendoftheRABCommentsinAttachment
_____.

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **State of Georgia**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of need on families in the jurisdiction on the need expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No : Does the PHA request financial or other support from the State or local government agency in order to meet the need of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A.SubstantialDeviationfromthe5 -yearPlan:

Thestatuterequires that PHAsexplain “substantial deviations” from the 5 -year Plan in the Annual Plans. The statute also provides that, while PHA may change or modify their plans or policies described in them, any “significant amendment or modification” to the plan would require PHA to submit a revised PHA Plan that has met full public process requirements. The Executive Director of the Housing Authority of the Atkinson County has extensive latitude in using discretion for procurement and in the use of the Capital Funds. The policies established in the Procurement Policy will be used as a guide in substantial deviation from the Agency Plan.

B.SignificantAmendmentorModificationtotheAnnualPlan:

Annually the plan is updated to show the amount of comp grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula funding from HUD and the physical need of the properties owned and operated by the PHA. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in rent or admissions policies or organization of the waiting list; addition of non-emergency work items over \$100,000 (items not included in the current annual statement or 5 -year action plan) or change in use of replacement reserve funds under the Capital Fund; any change with regard to demolition, disposition, designation, homeownership programs, or conversion activities.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
YES	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD-52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD-52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary				
PHAName: Housing Authority of Atkinson County		Grant Type and Number Capital Fund Program Grant No: GA06P15850102 Replacement Housing Factor Grant No:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total Non - CFP Funds			
2	1406 Operations	\$6,435		
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	\$5,000		
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	\$29,314		
11	1465.1 Dwelling Equipment — Nonexpendable			
12	1470 Non dwelling Structures			
13	1475 Non dwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collateralization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$40,749		
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security — Soft Costs			
25	Amount of Line 21 Related to Security — Hard Costs			
26	Amount of line 21 Related to Energy Conservation Measures			

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

[illegible]

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName: HousingAuthorityofAtkinsonCounty			GrantTypeandNumber CapitalFundProgramNo:GA06P15850102 Repla cementHousingFactorNo:				Federal
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			
	Original	Revised	Actual	Original	Revised	Actual	
GA088-01	12/03			06/05			
GA088-02	12/03			06/05			

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHA Name Housing Authority of the City of Adel, GA				X Original 5 - Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2006	
	Annual Statement				
PHA-Wide		\$10,000	\$17,664	\$40,749	S
GA158-001A		\$22,749	\$13,000		
GA158-001B		\$8,000	\$10,085		
CFP Funds Listed for 5-year planning		\$40,749	\$40,749	\$40,749	S
Replacement Housing Factor Funds					

HUD 50075
OMBApprovalNo:2577 -0226
Expires:03/31/2002

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year : <u>4</u> FFY Grant: 2005 PHAFY: 2006			Activities for Year: <u>5</u> FFY Grant: 2006 PHAFY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	
PHA Wide	Operations (1406)	\$40,749	PHA Wide	Operations (1406)	
Total CFPE Estimated Cost		\$40,749			\$40,749

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____
R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months). For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						

FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP's strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

9115 -SpecialInitiative						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

9116 -GunBuybackTAMatch						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9120 -SecurityPersonnel						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

9150 - Physical Improvements					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

9160 - Drug Prevention					Total PHDEP Funding: \$	
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)
1.						
2.						

3.							
----	--	--	--	--	--	--	--

9170 -DrugIntervention					TotalPHDEPFunding:\$	
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)
1.						
2.						
3.						

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

Required Attachment __ D__: Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No : Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment ____ E ____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Gregg Smith, Merle Stalvey, Mae Jenkins, Phyllis Slater, Georgia Roundtree, Shirley McCormick.

No comments on the updated FY -2003 AP.

ATTACHMENT F**Initial Voluntary Conversion Assessment**

Each development owned by the Housing Authority of Atkinson County has been reviewed and it has been determined that it is not in the best interest of the Authority or the residents to convert the public housing into tenant-based housing.

Voluntary conversion of any and all of the properties is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion because it would be more expensive to convert the property to tenant-based housing. Conversion would also affect the availability of affordable housing in Adel.

Two developments are subject to the required initial assessment.

The PHA conducted two assessments.

Neither of the developments was suitable for conversion.

Project	1-BR	2-BR	3-BR	4-BR	Total
-001A	6	6	4		16
-001B	3	2	2		7

ATTACHMENT G**PERFORMANCE AND EVALUATION REPORT FOR PERIOD ENDED 12/31/01**

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Housing Authority of Atkinson County		Grant Type and Number Capital Fund Program: GA06P15850101 Comp Grant Program Year 2001 Replacement Housing Factor Grant No:		
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies X Revised Annual Statement		
X Performance and Evaluation Report for Period Ending: 12/31/01		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total Non - CFP Funds			
2	1406 Operations	\$6,888		
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	\$36,000		
11	1465.1 Dwelling Equipment — Nonexpendable			
12	1470 Non dwelling Structures			
13	1475 Non dwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development			
19	1502 Contingency			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$42,888		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages					
PHAName: Housing Authority of Atkinson County		Grant Type and Number Capital Fund Program #: GA06P15860101 Capital Fund Program COMPGRANT2001 Replacement Housing Factor or#:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
PHAWide	Operations	\$6,888			
	HVAC/Air Conditioning	\$36,000			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of Atkinson County			Grant Type and Number COMP Grant Capital Fund Program #: GA06P15860101 Capital Fund Program Replacement Housing Factor #:				Federal
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			
	Original	Revised	Actual	Original	Revised	Actual	
PHA-wide	06/03			06/04			

ATTACHMENT H

**Resident Assessment Survey
Housing Authority of Atkinson County
Action Plan to Correct the 2000 Survey Results**

Category	Action to be Taken	Target Completion Date
Safety		
Lighting	Evaluate the security lighting at both complexes	12/31/02
Walkways	Evaluate the routes to determine if safe and lighting is sufficient	12/31/02
Other Areas	Evaluate all areas for safety and place no loitering signage if appropriate	12/31/02
Seek input from Residents	Request the residents to advise of unsafe conditions and encourage them to call the law	12/31/02